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	nfor	stat	JPA.	1
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	B.—WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECKED. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
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	ITE	s uo	SE	TION is very important. See instructions on back of certificate.
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	B.	H		-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(822)
County ayers,	Registration Dist. No. 5/
Village or City Suntingland	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME (feileral, frame	If U. S. Veteran, specify WAR
(a) Residence: No. August (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH MUSIC 5 (Month) (Day) (Year)
(01) WHEE OF CHECK CHECK	1936, to Spark of the said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
6/ 3 /4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Cultival Kumanhage May 61
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Classes (Stata or country)	Other Contributory Causes of importance:
13. NAME I SAULE Chase	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Cachel Karrel	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) CREMENTS	Accident, suicide, or homicide? Date of Injury19
2 (Stata or country) 17. INFORMANT CADDE	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Auntenflower Date 16/56, 19	Nature of injury
19. UNDERTAKER Wilson neason (Address), Pr. Mrelevol, he	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6/6 , 19 3 C & M. Kegistrar.	(Signed) (Address) Anna Medlerse
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago RIIDDAII V S Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA:	N
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PLACE OF DEATH	5	STATE OF M	IARYLAND
County Court	⊗ CI	ERTIFICATE	OF DEATH
11 4		Registration D	ist. No. 52)
Village or City free Stillon Pros	yer	St.:Ward)	(If death occurred is a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL	CERTIFICATE O	EDEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH	6/9	, 1976
(Write the word)	7		(Day)(Year)
6 DATE OF BIRTH			nded the deceased from
(Month) (Day) (Year)			
7 AGE (Month) (Day) (Fear)	that I last saw hali		10000
I dayhrs.			bove, atm
yrs. mos. ds. or min.	1/20		
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)		(Durstien)	_yrsds
9 BIRTHPLACE (State or country)	Contributory Secondary	(Durstion)	.yrsmosds
10 NAME OF Class Proper	(Signed)	Wwa	M. D
OF FATHER (State or country)	*State the Disease Violent Causes, state Accidental, Suicidal or He		of in deaths from
OF MOTHER	18 LENGTH OF RESIDE	NCE (For Hospita	
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos	In the	yrsmosds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?	•	······································
as Cha Roman	Former or usual residence		<u> </u>
(Informant) (Address) Sheet Sheet	19 PLACE OF BURIAL OR	REMOVAL	Firme 9, 1936
15 Filed Franc 9 1986 WHHardesty Registrar	Robert, W.	Lagre	ADDRESS Hentingtown

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons er ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive en at home, who are engaged in the duties of th ," etc., Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Worm without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospixal fever (the only definite synonym is "Epidemic cerebrospixal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railray traintaken. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

6586

1. PLACE OF DEATH	
County Calvert	Registration Dist. No.
Village or City Randalls Cliff	
	NOSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hay Bevery fe	If U. S. Veteran, specify WAR
(a) Residence: No. 2/// Just place of about, w.	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH / 15 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That Lattended deceased from
0 00/9/0	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS than 1 dayhrs	to have occurred on the date stated above, at
23 9 16 or min.	were ac follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc	July July
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Thoustry or business In which work was done, as SILK MILL SAW MILL, BANK, etc To Date deceased last worked at this occupation (month and	Jacob Wing
work was done, as SILK MILL CAPEUTE. SAW MILL, BANK, etc.	Hay her a war
10. Date deceased last worked at 11. Total time (years)	Lagy
this occupation (month and year) spent in this occupation	gury Jave rendlet of accident. Curs of
12. BIRTHPLACE (city or town Covin) U. Y	Other Contributory Causes of importance:
(State or country)	Just men were in a tout a when one of
13. NAME tay they ferderson	- then the deceased want most and, fell own board,
13. NAME 14. BIRTHPLACE (city or twn)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy2
E 15. MAIDEN NAME TO SELECTION	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Auguent, suprage achemicide? accident. Date of injure 123 1936
State or country)	Where did Injury occur? Remodel Clean
July A Hillman	(Specify city or town county and State) Specify whether injury or in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	Randalle Cliff Colvert Co. Inde
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury was a week fell from boat
Place Washy D. C. Date 0/15 , 1931	Nature of injury 1 L C
19. UNDERTAKER W. W. Chambers Co.	24. Was disease or injury In any way related to occupation of deceased?
6/ 3/ NA	If so, specify (Signed) Signed Way M.D.
20. FILED 19. db C. Registrar.	(Address) Chiny M.D.
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AliG 5	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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DING	MANENT RECORD. Ev
MARGIN RESERVED FOR BINDING	TINK-THIS IS A PER
MARGIN F	Y, WITH UNFADING
V. S. No. 1 ··	N. BWRITE PLAIRLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

	-CERTIFICATE OF DEATH 6014
1. PLACE OF DEATH	(137)
County Allel	Registration Dist. No. 57
Village or City Justing Boplans	No. St., Ward
Length of residence In city or town where death occurredyrs,n	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds
The text	
# 10/	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Ada Communication	22 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 10, 1872	I last saw h AM, elive on AMI 20 19 % deeth is sei
7. AGE Yeers Months Oeys If LESS then	to heve occurred on the dete steted above, et _ 5_Q_m.
64 / 12 1 dey,hi	mare as follows.
8. Trede profession or particular	Mesura May 31
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
D. Dete deceased lest worked et this occupetion (month end Meller 3) spent in this year)	
Calacità	Other Contributory Canada of importences:
12. BIRTHPLACE (city or town) (State or country)	affell for the first of
13. NAME Samuel Garrian	- Hay flessingthy VI / where
E Only	
4. BIRTHPLACE (city or town) (Stete or country)	Name of operation
	What test confirmed diegnosis?
	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
ddy Thursday	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Dete /2 / 36, 19	Nature of injury
19. UNDERTAKER Wilson R. Mison	24. Was disease or injury, in any wey related to occupation of deceased?
(Address) R. & Medi, ned.	If so, specify
20. FILED 6/23, 19 56 Le M. Teng Registrar.	(Signed) IMA G. M. I. M.
If more blanks are needed, address State Registre	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
11.107.1000107.0010	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 0 1930	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ite	O2	of	1
Every	YSICIANS	statement	
L RECE	Ү. РН	Exact	
B WRITE PLAIN WITH HINFADING INK THIS IS A PERMANENT RECED. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
H	pe	pe	Jo
NK T	plnods	it may	on back
DING	AGE	so that	ctions
TINEA	upplied	terms,	e instru
VITH	ullys	plain	it. Se
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TER	n she	SE O	I is v
WR	matic	CAU	TION
O.	3	1	-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6015
1. PLACE OF DEATH	(23)
County Called	Registration Dist. No. 30
Village or City Olivet	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?yrsmos,ds.
2. FULL NAME Maggie Tides	If U. S. Veteran, specify WAR
(a) Residence: No. Ducket	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Jemale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
0 5 00	JULIE 15 , 19-9, to , 19
6. DATE OF BIRTH (month, day, and year)	last saw h. & alive on
7. AGE Years Months Deys If LESS than 1 day,	to heve occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or positively.	wage as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Vinuculous Industria May 1579
9 Industry or business in which	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Charges 6	Othar Contributory Causes of Importanca:
(State or country)	
13. NAME / JOSU MERCE JURES	
13. NAME / 2016) A GARAGE GLOSS 14. BIRTHPLACE (city or town) A Color of country)	Name of oparation Date of
(Sieta of Country)	What test confirmed diagnosis? Was thara en eutopsy?
15. MAIDEN NAME Georgiana Tollens	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city of town) (State or country)	Accidant, suicida, or homicide?
17. INFORMANT Gazie Gras	Whera did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, REMATION OR REMOVAL	Mannar of injury
Place William Day 1956	Nature of injury
19. UNDERTAKEN OF SUN MARCON. (Addrass)	24. Wes disaase or injury in any way related to occupation of dacaased? ###
O LOV 11. ACO Racher Vac	(Signed) A M. D.
20. FILED. Registrar.	(Address) franke Tuduck

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc.—For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A CALLS IN THE STATE OF THE STA	

V. S. No. 1

RECORD. Every item of infor-	7. PHYSICIANS should state	Exact statement of OCCUPA.	
IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	/ TION is very important. See instructions on back of certificate.
Z	(1	

STATE OF MARYLAND	-CERTIFICATE OF DEATH 6016
1. PLACE OF DEATH	(31)
County Calvert	Registration Dist. No. 3
Village or City // allule	No. St., War
Length of residence in city or town where death occurredm	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Talkering Ver gining	Hatab. S. Veteran, specify WAR
(a) Residence: No. Wallwill	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OF RACE OR DIVORCED Furity the word) Temale 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Furity the word)	
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles	22. I HEREBY CERTIFY, Tet I attended daceasad fr
DATE OF PURTY (2 Plast saw h 1 alive on June 30,19 36; death is s
AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2m.
84 2 29 1 day,hr	THE TAINCHAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of one
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	- Entho Selevinos 3
9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Phone mit of
kind of work done, as SPINNER, SAWYER, BDOKKEPPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Data deceased last worked at this occupation (month end spent in this	when repulse 2
yaar)occupation	Dther Contributory Causes of Importance:
2. BIRTHPLACE (city or town)	
(Stata or country)	- Urinia
13. NAME Zeg Again	Decompusation 6
13. NAME 2, Alyson 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Data of
	What test confirmed diagnosis?
5-1	23. If deeth was due to axternal causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
7. INFORMANT MS Mor fell Clar (Address) Wallacle, M	(Specify city or town, county and State) Specify whether injury occurred in fNDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Ledar Heel Comeley Date 17/3 (, 19	Nature of injury
9. UNDERTAKER a. 9. Stacking of Son (Address) Mulas My	24. Was disease or injury in any way related to eccupation of deceased?
20. FILED 7/1 , 19 3 6 & M. They Registrar.	(Signed) / Through M
If more blanks are needed, address State Registre	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I		Example II	
The principal cause of importance were a Arteriosclerosis	of death and related causes s follows:	11	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nepi		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 6 1936	July 5, 1927	Peritonitis	1 week ago 3 days ago
	EUREAU V. S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

RITE PLAIMY, WITH UNFADING INK-THIS IS A PERMANENT RECO.D. Every item of infor-	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	\
S IS A PER	stated EX	properly cl	certificate.
AIRLY, WITH UNFADING INK-THE	ld be carefully supplied. AGE should be	DEATH in plain terms, so that it may be	IN is very important. See instructions on back of certificate.
RITE PI	ion shou	USE OF	N is ver

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6017
1. PLACE OF PEATH	47.7
County - Aluent	Registration Dist. No. 50
Village or City Justy	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME REDISE Of lins	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CENTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH June 27, 1936
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ackard thrustn	(Month) (Dey) (Year) 22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Man 25, 1903	I last saw half alive on from 10, 19 F; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at !! A m.
3/ 0 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this pecuastion (month end	Medicalinal
SAW MILL, BANK, etc	Jarcama 3mo
O 10. Date deceased last worked et this occupation (month end yeer) ccupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
15. MAIDEN NAME Marcha tolare	- What test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury19
Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Rusby	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Plece Date Date , 19-50	Neture of injury
19. UNDERTAKER AND THE CONTROL (Address)	24. Was disease or injury in any way related to occupation of deceased?
1 2V - 810-8-1-00	(Signed) Minches P. M. D.
20. FILED Registrar.	(Address) June Judente, Mid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		la la	Example II	
The principal cause of death and relation of importance were as follows:	ted causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	EINE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Same is as Down	1921	Run over by street car	1 week ago
Cerebral hemorrhage	6 1936	July 5,1927	Peritonitis	3 days ago
81 25	AU V S			
Other contributory causes of importa	nce:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis ·	1 year
• 11				
				\$45 - GHD31

ADDITIONAL SPACE FOR F	URTHER ST	TATEMENTS 1	BY	PHYSICIAN

D. Every item of infor-PHYSICIANS should state

of OCCUPA-

Exact statement

stated EXACTLY. properly classified.

V. S. No. 1 m TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	92-20
County County	Registration Dist. No. 32
Village or City. Quillet	No. St., Wal (If death occurred in a hospital or institution, give its NAME instead of street and number)
	los,ds. How long in U.S. if of foreign birth?yrsmos
Marai	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 24, 1936
. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Que 1 1862	- Massen 3, 19 0, to 19.
DATE OF BIRTH (month, day, and year) Upul 1893	I last saw hell alive on May 26, 1936; death is si
AGE Years Months Oays If LESS than 1 day,hr	to have occurred on the date stated above, at
To I Unknown ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Julius Jakvalay rear Risease ?
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at his occupation (month and	
10. Date decessed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) Caluette (State or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
000000	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Mars Rood	What test confirmed diagnosis? Was there an autopsy?
1 all 1 to the	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, I9 Where did injury occur?
7. INFORMANT Asbury Suiste, (Address) O Legillo Colombia	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	4
Place St-Edmons Date Frome 22 1936	Manner of injury
	Nature of injury
9. UNDERTAKER Stabbard, Wood	24. Was disease or injury in any way related to occupation of deceased?
(Address) Frendship	If so, specify
O FILED Frome 171936 WATtordeshis	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example L. Y L.		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE

V. S. No. 1

A	7	F. PHYSI-
74	ECORD	supplied. ACE should be stated EXACTLY, PHYSI- n terms so that it may be properly classified. Exact See instructions on back of certificate.
NG	KTHIS IS A PERMANEN RECORD	be state be prope ck of cer
RVED FOR BINDING	PERMA	E should at it may ns on ba
D FOR	HIS IS A	lied. ACI
RVE	KT	supp n terr See ir

1PLACE	OF	DEATH
County C	al	hert

167

STATE OF MARYLAND CERTIFICATE OF DEATH

luringo

	Registration I	Dist. No. 52)
Village or City Cleanegall (No. 2 FULL NAME Ms Cora King	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH & O (Month)	(Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Latter 1926 to that I last saw handlive on the same of the same	
7 AGE If LESS than day hrs. ds. or min.?	The CAUSE OF DEATH * was as follows:	124712m
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Kerry he Secondary	vie
10 NAME OF FATHER LOX MURLINGER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Planna Rlum	11-12-100a.1	er, in deaths from ury and (2) Whether
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place 5 yrs	
(Address) Dun Hung Jud	19 PLACE OF BURIAL OR REMOVAL My Harmany 20 UNDERTAKER	DATE OF BURIAL Grave 27 1519 ADDRESS
Filed States 29 1026 40 Hards July		10 .

Registrar

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiaal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, Recommendations on statement of cause of death etanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronicetc. The contributory valvular Nomenclature heart Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. classified.

AGE should be

properly

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAIL

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Every item of infor-

6	ij	1)	{}	

1. PLACE OF DEATH	
County Calvert a Registration Dist. No.	51
Village or City Almhuglown No.	St, Ward
(If death occurred in a hospital or institution, give its NAME instead of Length of residence in city or town where death occurred	
(China Finance)	
2. FULL NAME If U. S. Veteran, specify WAR.	***************************************
(a) Residence: No. / Wy Ward. (Usual place of abode) Ward. If nonresident give city or	town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DE	EATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DEVERCED (write the word)	4 /
(Month) (Day)) (Year)
5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY That I	I attended deceased from /
(or) WIFE of frame I gons me 2, 19 74, to from	~ 3 19 3/
6. DATE OF BIRTH (month, day, and year) An /6, /865 last sew busine alive on the	3, 1927; death is said
7. AGE Years Months Days If LESS than to heve occurred on the date stated above, at 4 9 m.	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of import were as follows:	Tance Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEEPER atc.	
9 Industry or business in which	2 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- gay
11. Total tima (years) this occupation (month and spent in this	
12. BIRTHPLACE (city or town)	
	re Jn.
13. NAME THE 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?	
. K. Mariest commination of the Mariest Comminat	
15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the Accident, suicide, or homicide? Date of injunctions of the Accident of	
15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the Accident, suicide, or homicide? Date of injuty (Stete or country) Where did injury occur?	#i y
(Specify whether injury coursed in INDISTRY is HOME cour	nty and State) PUBLIC PLACE.
(Addrass)	
18. BURIAL, CREMATION, OR REMOVAL Place Warrand & Data 1936 Manner of injury	
Place Data Data Nature of injury	
19. UNDERTAKER a. a. Talanes of the 24. Was disease or injury in any way falated to occupation of dec	ceased?
(Address) Watural, and If so, specify	2011
20. FILED (Signed)	elu la M.D.
Registrar. (Address)	July July

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	.	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

If nonresident give city or town and State Oate of onset Date of injury

(Address)

TE OF MARYLAND—CERTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitid nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhood July 5, 1927 Peritonitis 3 days ago JUI Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING may supplied. In terms s See instru RESERVED refully in plai MARGIN stat

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Every item CIANS sho statement

classifi

(State or country)

HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

(Address)

(Address)

OF FATHER

13 BIRTHPLACE

OF MOTHER

Filed

12 MAIDEN NAME OF MOTHER

(State or country)

Prince Gredenik

- E. Dujon

BURIAL OR REMOVAL

Accidental, Suicidal or Homicidal.

ients or Recent Residents)

At place of death _____yre._____de.

Where was disease contracted, if not at place of death?.....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether

IR LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

DATE OF BURIAL

Slomons my

Former or usual residence

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (18or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Civil engineer, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery;eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

s; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cercbrospinul EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Disto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, "" "Namition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of death (secondary or unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as intercurrent) affection need not be Chronic chopneumonia (secondary), The nature of the injury, etc. The contributory valvular heart disease; Nomenclature of the

permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

V. S. No. 1

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P	item of	should	of OC	
	. Every	ICIANS	tement	
	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
5	KENT R	TLY.	fied. E	
DINDI	ERMAN	EXAC	r classif	e.
MARGIN RESERVED FOR BINDING	IS A P	stated	properly	TION is very important. See instructions on back of certificate.
E.D	HIS	pe	þe	of
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STATE OF MARYLAND	CERTIFICATE OF DEATH 6023
County alvert	Project Addition Died No. 67
Village or City Huntin Stawn	No. Registration Dist. No. 51 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs	_mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Chilla Kupp	If U. S. Veteran, specify WAR
(a) Residence: Np. Aunting (burn (Usupplace of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR, RACE 5. SINGLE, MARRIED, WIDOWE	D. 21. DATE OF DEATH
Fernale White OR DIVORCED (write the wor	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Lave / upp.	1 HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) May 26 1862	
AGE Years Months Days If LESS th.	1025
74 80 8 1 day,	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	Carcinoma of Atomach Detectorest
kind of work dona, as SPINNER, SAWYER, BDOKKEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and year) spent in this occupation	
2. BIRTHPLACE (city or town) - Outlineage	Dther Contributory Causes of importanca:
(State or country)	
13. NAME Jacob Magch	
13. NAME Joseph Magck 14. BIRTHPLACE (city or town) Dading	Name of oparation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Aux Maltin	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME AURACOUN 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Surling laws	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date ,19	Natura of injury
(Address) Milus, not	24. Was disease or injury in any way related to occupation of deceased? 16 so, specify
20. FILED (. n. tegsistra	(Signed) M. D. M.
If more blanks are needed, address State Regi	istrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some cntry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUL 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Again advertises (Albus environmental and an extra ext			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA.

(D. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	024
1. PLACE OF DEATH	(46-20)	
County alsseit	Registration Dist. No. 51	
Village or City Dawell	NoSt.,	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and nu	
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME GLA Cavage	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and St	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH JULE 16	193 6 (Year)
5a. If married, widowed, or divorced		
(or) WIFE of Benjamin Garage	22. I HEREBY CERTIFY, That I attended de	aceased from
6. DATE OF BIRTH (month, day, and year) June 6 1884	1 last saw her alive on March 15, 1936;	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5m.	
572 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
- 8. Trada, profession, or particular	ware as follows:	Date of onset
6 kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Sawyer, BOOKKEEPER, atc.	Objective to the Daniel State	140 35
9 Industry or business in which	ogumensa jamaice,	9001
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cacherra	//06
10. Date deceased last worked at 11. Tofal time (years)		
this occupation (month and spent in this occupation wear)		
1 Ma 16	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)		
I 13. NAME JOUR CUSTOME		
13. NAME John Osiocae 14. BIRTHPLACE (city or town) II Maryo Co	Name of operation Date of	<i>N</i>
(State of country)	What test confirmed diagnosis? Was there an au	topsy?
16. BIRTHPLACE (city or town) Allary Co	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
5 16. BIRTHPLACE (city or town) May Co	Accident, suicide, or homicide? Date of injury	, 19
S (Stata or country)	Where did injury occur?	
17. INFORMANT Denfamin Carriage (Address) Hawll Was	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place 6 astor Clapel Data 1/16 1936	Nature of injury	24
11-1		to
19. UNDERTAKER Class Charles (Address)	24. Was disease or injury in any way related to occupation of deceased?	
(Address), M. Arederick Ned.	If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I	(Example II	
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Chronic interstitial nephritis. C E W F D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 6 1936			
Other contributors causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor OCCUPA 1. PLACE OF DEAT should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city_or town where death occurred_ statement PHYSICIAN 2. FULL NAME If U.S. Veteran specify WAR..... (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) sula 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attanded deceased from (or) WIFE of (E) 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Days If LESS than Years Months to have occurred on the date stated above, at, 1 day,hrs. or____min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which should work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)
spent in this On this occupation (month and that year) _____/New occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Data of injury_____, 19. DEATH 16. BIRTHPLACE (city or town) (State or country) Whera did injury occur?__ pe (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMANT very (Address) OF 18. BURIAL, CREMATION, OR Manner of injury AUSE mation LION Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 19 UNDERTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	141 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BIND
FOR
RESERVED
MARGIN

state PA-Every item of infor-A PERMANENT RECORD N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 6026
	Registration Dist. No. 5/
A 1	
	NoNoSt.,War If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S.If of foreign birth?yrsmosd
2. FULL NAME Marlla Walls	If U. S. Veteran, specify WAR
(a) Residence: No. 2 all	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Taylor Colon OR DIVORCED frurite the word	JULL 8 196
5a. If married, widowed, or diverced	(Month) (Dey) (Year)
HUSBAND of Ed Wall	22. I HEREBY CERTIFY. Thet I attended deceased from 19
6. DATE OF BIRTH (month, day, and yeer) Way 14 866	Mast saw h. e. a. elive on Stall & 1956; deeth is se
7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, et 10-20-m.
70 / 4 1 dey, hrs	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Coronary Amourases qual
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL	
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	/
1 Oaluello 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	X Miller Marion
13. NAME I homas Joone	
14. BIRTHPLACE (city or town) Aluel Co	Neme of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Mary Mallace	23. If death wes due to externel causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Dete of Injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT GSS 10 Wall (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Jackers reck Date 6/20, 1931	Manner of injury
1110	
19. UNDERTAKER (Address) Pa del n	24. Wes disease or injury in eny wey releted to occupetion of deceesed?
	the medition
20. FILED 120 1936) 1. Jan	(Signed) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Iulu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

-WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PERMANEN	stated EXACTI	properly classified.	certificate.
ITH UNFADING INK-THIS	illy supplied. AGE should be	plain terms, so that it may be	TION is very important. See instructions on back of certificate.
-WRITE PLAINLY, W	mation should be carefu	CAUSE OF DEATH in	TION is very important.

N. B.-WRITE

V. S. No. 1

	-CERTIFICATE OF DEATH 6027
1. PLACE OF DEATH	23
County County	Registration Dist. No. 3.1
Village or City A MAD	NoSt., War If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME GERRALA Walla	If U. S. Veteran, specify WAR
(a) Residence: No. / DOM -	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. IHEREBY CERTIFY, That t attandad deceased fro
5. DATE OF BIRTH (month, day, and year) May 13/907	t Jast saw h alive on 11111 2 3 19 36 death is sa
7. AGE Years Months Days tf LESS than	to have occurred on the date stated above, at
29 / Iday,hrs	THE A Sollows of DEATH and latered causes of importance
8 Trade profession or particular	Juliusuay Lukescalaus Date of one
Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	2
12. BIRTHPLACE (city or town) alvest to	Dthar Contributory Causes of Importance:
(State or country)	
13. NAME Kan Mallace	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellas Japas	23. tf daath was due to externat causas (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?Date of injury,19
(State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT (Suparus Wallage, (Addrass) Seals Wallage	Spacify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Place Determent Date 124 ,192 &	Nature of injury
19. UNDERTAKER Wilson Man	24. Was disaasa or injury In any way related to occupation of deceased?
(Address) Pr. Dred, no	If so, specify
20. FILED 124, 1936 J. M. Keej Registrat.	(Signed) M. M. M. M. M. M. M. M. M.
	1, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year